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Coming Meetings

August 23rd to 28th, 1926—Seventh International Dental Congress, Philadelphia, Pa.

May 3rd to 7th, 1926—Massachusetts Dental Society, Copley Plaza Hotel, Boston, Mass.

May 26th to 28th, 1926-Vermont State Dental Society, Burlington, Vt.

May 3rd to 7th, 1926—Massachusetts Dental Hygienists' Association, Copley Plaza, Boston, Mass. All dentists and hygienists invited to clinics.

June 1st to 3rd, 1926—Northeast. ern Massachusetts Dental Society, New Ocean House, Swampscott, Mass.

May 4th to 7th, 1926—Tennessee State Dental Association, Nashville, Tenn. June 9th to 11th, 1926—Georgia State Dental Society, Savannah, Ga.

May 17th to 19th, 1926 — West Virginia State Dental Society, Clarksburg, W. Va. June 21st to 23rd, 1926—Maine Dental Society, Poland Springs House, South Poland, Maine.

May 17th to 19th, 1926—Arkansas State Dental Association, Marion Hotel, Little Rock, Ark. June 21st to 26th, 1926—Pacific Coast Dental Conference, Portland, Ore.

May 17th to 20th, 1926—Indiana State Dental Association, Claypool Hotel, Indianapolis, Ind. July 12th and 13th, 1926—Wyoming State Dental Association, Lander, Wyo.

May 19th to 22nd, 1926—Dental Society of State of New York, Hotel Astor, New York, N. Y. August 23rd to 28th, 1926— American Dental Hygienists' Association, in conjunction with American Dental Association, Philadelphia, Pa.

May 19th to 22nd, 1926 — Lake Erie Dental Association, Hotel Bartlett, Cambridge Springs, Pa. November 29th to December 1st, 1926 — Odontological Society of Western Pennsylvania, William Penn Hotel, Pittsburgh, Pa.



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ADDRESS CHANGES—Since we must start addressing wrappers early in the month preceding the month of issue, it is necessary that address changes reach the district publisher by the first day of the month preceding the issue to be affected. Changes received on May first, for instance, will first affect the June issue. Changes received later in May will first affect the July issue. Both the old and the new address should in all cases be furnished.

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ORAL HYGIENE

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May 1926



Volume 15 Number 5



In lieu of a poem about May.

CO-OPERATIONet

The Physician

IT IS remarkable how often the teeth are left out by the physician as a possible cause of disease when a diagnosis is being made. Many are satisfied when they ask the patient, "Have you had any trouble with your teeth?" and receive an answer in the negative.

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The dentist sometimes approaches the case as that of "just another customer" and limits his reasoning and diagnosis to the

mechanics of the case.

By J. P. HENAHAN, D.D.S., Cleveland, Ohio*



HEN the dental profession is called upon to give profound consideration to the subject of

focal infection of dental origin and its effects, they should realize that they are being called upon to take a position as an ally of the medical profession in combating a condition which more and more is being given credit as the cause of many forms of systemic disease.

Dr. Charles Mayo, a few years ago, while addressing a great dental convention, said that the dental profession should develop the next great step in the prevention of disease, and

the question was asked, "Will they be equal to the task?"

Dr. Black, of Chicago, some time earlier, stated that "The problems of the dental profession can not be solved by the present-day type of dentist."

These statements have made the dental profession think.

For many years after the first dental college was founded the education of the dentist was mainly along mechanical lines.

Arrest of dental caries, by the extirpation of decayed matter from the tooth substance, restoration of tooth shape by building up with metallic or other filling material, to control caries, and extraction of such teeth as were condemned, was the chief surgical activity of the dentist. Res

^{*}Read before the Columbiana County (Ohio) Medical Society.

etween the Professions in the Public Interest

toration of missing teeth was, and still is, the greatest mechanical occupation of the dentist. Consideration of systemic conditions was left entirely to the medical profession. The medical men usually referred to the dentist and considered him as a mechanic and saw no ground for co-operation.

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However, as time progressed, there developed a realization of the great value of really scientific dental service, and dental education assumed a character in closer accord with medical standards; until now the course of teaching in all well-conducted dental schools is superior to that of the best medical schools of a comparatively short time ago.

The standard for entrance to dental colleges is being increased as rapidly as is considered practical. A special one-year college course is now required and the curriculum of the dental college is being expanded constantly by more extended study of such subjects as pathology, bacteriology, medicine, anesthesia, surgery and physical diagnosis. There is a strong sentiment developing also in favor of establishing interneship for dentists in all hospitals. The result is constant improvement in professional personnel.

With this teaching to equip them, and the revolutionary discoveries made by research workers, revealing the importance of

dental infection as a cause of disease, to stimulate them, the dental profession feels called upon more and more to take an active part, co-operating with the medical profession in the combating of disease, not only by eradicating and treating dental and oral conditions, recognized as possible sources of infection, but also by prevention, through maintenance of oral cleanliness and avoidance of possible establishment or maintenance of future sources of disease; by discontinuation of such forms of dental operations and methods of practice as have proved dangerous.

What today may seem to some like radical, new theory, pertaining to certain old and deeply established customs, is accepted as scientific truth by an everincreasing number and must finally be accepted by the entire dental profession; because much that was regarded as science by the medical, as well as the dental profession, in the past, has been repudiated, as the result of the proofs of their fallacy, advanced by laboratory worker and clinician.

Laboratory findings, checked by clinical observations, have proved the basis for successful treatment of many forms of disease, which in the past were unconquerable, and the unrelenting attack being carried on from many sources of research will, sooner or later, surely bring discoveries which will result in the successful treatment of other great scourges, such as tuberculosis and cancer, comparable with the wonderful results already attained through newer methods for treatment of lues and diabetes.

Already much has been accomplished in the treatment of cancer, especially in incipient cases, by the use of x-ray, radium emanation and serum treatment. Many startling results have been achieved in certain clinics even in unoperable cases, but data is not yet ready

for publication.

The dental profession have not been idle; they also have recorded vast advances in certain branches. The specialty of orthodontia, seldom considered by the medical practitioner, is a priceless boon to certain types of afflicted vouth, where it has been repeatedly demonstrated that, by proper treatment, a mentally backward child can be restored to full mental vigor, by correcting malformations and stimulating to normal growth dormant organs and stunted bones of the cranium and face.

Some thirty years ago the dental profession thought they discovered that by treating the root canals of a pulpless tooth, it could be prevented from causing the usual symptoms which develop in the presence of dead or infected teeth when treatment was not instituted. They were not able to prevent pain from developing and created a condition totally devoid of all symp-

toms. They interpreted this result as success in creating an aseptic state of permanent duration.

These claims could not, and were not, challenged until the advent of the x-ray, some fifteen years ago, when countless apical abscesses were shown to exist upon filled dead teeth that were firm in the jaw and entirely free from pain or other symptoms.

This discovery came as a shock to many, but was not entirely convincing to all. cussion resulted in the drawing of a differentiating line between the two supposedly different types of dead teeth. One type. which showed an abscess, was conceded to be a dead tooth and a possible source of danger; the other, without abscess, was referred to as a pulpless tooth, but with a peridental circulation unimpaired, which, showing no local evidence of infection, was allowed to pass unmolested and considered safe.

The well-informed man today must rather wonder at the simplicity of the dental profession in having believed so implicitly such a theory, with no other proofs than statements.

When considering these two types of infected teeth, we must realize that the predominating strain of bacteria in the apical abscess is staphylococcus, a pusproducing organism; while in the other tooth without abscess, the predominating organism nearly always is some strain of streptococci. We are led by further reasoning to remember that most forms of matastic disease

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The theory of focal infection of dental origin is not new. Hippocrates, the father of medicine, relates in his writings of the case of the Athenian boy who was relieved of pain in two aching teeth, one upper and one lower, simultaneously, with the discharging of an abscess in the

In the early days of American history we have the illustrious figure of Dr. Benjamin Rush, 1801, one of the signers of the Declaration of Independence and a professor in the University of Pennsylvania, who repeatedly, in his writings, referred to the beneficial effects produced in many of his cases by the removal of bad teeth when other remedies failed.

When considering focal infection of dental origin a great mistake can be made if the possibilities are regarded as limited to dead teeth.

There are other great sources of focal infection to be found in the mouth; they are the results of degenerative processes extrinsic to the tooth, in the form of periodontal infection and pyorrhea pockets, and it would be well for the physician to remember them, as sometimes they may furnish the clue which has been missing elsewhere.

First: Let us consider the mouth, where the teeth have been loosened by mercury therapeutically administered, or absorbed from surgical dressings, with practically all teeth sepa-

rated, twisted and protruding from the alveolus, with the cervical portion of the root uncovered and discolored.

In these cases large pockets always will be found between all teeth and usually between the roots of each molar. The peridental membrane has been attacked by the mercury, during the term of treatment, because there seems to be an affinity, and once attacked, destruction results, from which there never will be a recovery, and thereby the only bond between the tooth root and the alveolar process has been destroyed.

Nature immediately begins to exfoliate the teeth. This condition often is diagnosed as pyorrhea, but in the absence of all definite information on the subject the dentist often can be excused for the mistake. However, it creates another good reason why the dentist, in certain conditions, should co-operate with the medical man and avail himself of all information which the physician can give.

For the sake of efficiency as well as safety, a Wasserman should be made in all cases where slow healing or septic conditions exist. A consultation with the patient's physician often reveals that a report is already on file.

Then comes pyorrhea alveolaris, a condition always a source of sepsis, but when it has progressed to such a condition that pus formation cannot be arrested and the irritation of the moving teeth is causing rapid resorption of the alveolar ridge, as well as toxic absorption, and rapidly decreasing the resistance of the patient, then the affected teeth should be removed. No reason other than sentiment can be advanced for their retention; certainly no scientific reason can be advanced.

Next, there is the totally unhygienic mouth with swollen gums, broken-down teeth and roots; food debris and calcareous deposits adhering to the surfaces of teeth, affording sources for infection and constant irritation, which might in any case even develop into malignant growths.

Another source is incompletely erupted, or partially impacted teeth, especially third molars, where secretions of the mouth and debris are forced underneath the soft tissues surrounding the crown and later becoming putrefactive. Absorption from this source is often the cause of infected glands in the neck, which sometimes are diagnosed as tubercular.

I have seen a case of carcinoma resulting from this cause lead to death in less than six months after diagnosis.

My personal opinion is that the mouth hygiene of the patient is neglected by the dental profession far more than any other dental necessity.

I think the remedy is the encouragement of many to specialize in prophylaxis. I believe that it would aid the general practitioner, as well as the public, if there were one periodontist to every twenty dentists.

We have, therefore, in the

teeth and that part of the jaws which support them an area which shows the effect of degeneration and consequent infection, more often than any other source of primary infection. At the same time, the remarkable feature is that this most glaring evidence of pathologic condition in the mouth is ignored indefinitely, not only by the dentist but also by the physician, who would resort to the most painstaking effort to produce and maintain asepsis in a simple cut or bruise anywhere else in the body. To say the least, we must say that it is inconsistent. The answer is: we are all creatures of habit.

I would venture to say that 99 per cent of bed-ridden patients in hospitals have totally neglected mouths as far as oral hygiene goes.

The dentist who does not like to condemn dead teeth will point to the fact that he has dead teeth in his own mouth and countless dead teeth in the mouths of his patients and that he has no evidence of impairment of health or efficiency as a result. He is pointing out nothing but what every one can see as long as health persists; after this his ideas change. The dentist does not see the patient in sickness; he is in the hospital, and the physician is battling with a disease emanating in a symtomless focus of infection. He refers to it as of obscure origin.

It is true, however, that many who harbor dead teeth enjoy good health; the reason is that neithe can to will v ensuin it appe if it n matisn esion the st or live scess in of som sight dental Are

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that they enjoy immunity against that particular infection, but wither the host, nor his doctor, can tell when that immunity will vanish, nor what form the ensuing disease will assume when it appears. We are left to guess if it may be degenerating rheumatism of the joints, a valvular lesion of the heart, an abscess of the stomach, intestine, kidney or liver, a skin eruption, an abscess in the ear, or inflammation of some tissue of the eye; loss of gight has often resulted from dental infection.

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Are we not to wonder if perhaps some of the sudden deaths which occur may not be the result of degeneration of brain substance or nerves controlling heart action, or respiration? It is probable that very few patients would risk so much for a dead tooth if the dentist did not withhold the information which he has.

Laboratory experiments have also demonstrated the selective action of certain strains of bacteria, which, when recovered from an animal suffering from a certain type of infection, such as kidney, or gastric or other ulcer, can be injected into another animal and produce the same results. We, therefore, know that bacteria do not attack all tissues indiscriminately, but only such tissues as they have an affinity This action can be compared somewhat to the selective action of certain drugs or poisons which produce their specific effects always upon some particular organ or tissue, such as quinine for malaria; atropine for

stimulation of respiration and control of secretions; and morphia for sedative effect upon the central nervous system. Wood alcohol attacks the optic nerve.

Every radical change in theory regarding the cause and effect of disease and its treatment has met with fierce opposition.

Semmelweis, of Vienna (1847), was the first to demonstrate that child bed fever was the direct result of septic products carried to the genetalia upon the hands of students and physicians, direct from the dissecting room. The condition was described as cadaveric fever. Immediately after this discovery and prevention of the cause, this type of disease vanished entirely from the hospitals, where before it often assumed the proportions of an epidemic.

Following this discovery, the theory of asepsis gradually grew and was accepted and was applied more and more. At the sime time, strange as it may seem to us today, opposition to the theory developed at the same time. As dentists, we are face to face with a parallel problem of whether or not the germ theory will be accepted in the case of dead teeth, or whether, through force of opposition, it will be rejected.

One thought which cannot be denied, in connection with dead teeth, is that originally the tooth had a blood supply, which at some time has been discontinued. There is no other tissue or organ in the human system which scientific men will expect to function normally after its blood

supply has been discontinued; no exception can be expected for dental tissue.

In every other instance the affected tissue will slough off; the only exception is dental tissue, a tooth which, because of the anatomical form and mechanical arrangement, and its extreme hardness, is often, but not always, prevented, even though Nature does try, so long, however, as any necrotic or gangrenous tissue remains in position it is a source of infection, and here again Nature makes no exception of a tooth.

The physician will remember that research workers of his own profession have demonstrated again and again that dental infection is often the source of systemic disease. Therefore, when looking into the mouth to note what symptoms may be revealed by the tongue, it is wise also that he does not forget an examina-

tion of the teeth.

When the physician suspects that the teeth are a contributing source to the patient's illness, he should call in the dentist, in the capacity of a consultant.

The dentist in this rôle should be influenced only by a determination to seek out the cause of disease. He should permit no theory, prejudice or bias to warp his judgment. If his examination reveals possible sources of infection, such as dead teeth or areas of infection, he should reveal his findings fully to the physician and patient in an impartial manner, and then when all interested fully understand, enter in an impartial way into

a consultation of the possible remedy. Remember, always, that it is the patient's health and the patient's teeth.

One thing the dentist should always remember is that infection, in countless cases, has been caused by dead teeth; also, that a tooth, or several teeth, are never as important as the health and efficiency of the patient, and, therefore, could be sacrificed. A missing tooth can be replaced so as to be esthetic, comfortable and efficient, whereas the health of the patient can never be substituted for.

It is remarkable how often the teeth are left out by the physician as a possible cause of disease when a diagnosis is being made. Many are satisfied when they ask the patient, "Have you had any trouble with your teeth?" and receive an answer

in the negative.

The patient means, of course, that he has had no pain, but that is characteristic of dead teeth; they are symptomless in practically all cases.

The dentist often makes a grave mistake in his diagnosis of the case of a patient who presents to have the teeth examined and treated, as the result of suspicion that they may be the source of illness from which he

has been suffering.

The dentist sometimes approaches the case as that of "just another customer" and limits his reasoning and diagnosis to the mechanics of the case. He place gold crowns on old dead teeth, regardless of possible sepsis. He repairs everything which is not

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Ano months were fi evidence by the lost 35 eyesigh Three ossible aching and sends the patient rs, that away with a mouthful of mechanical contrivances, and sometimes a death-warrant in the form of the illusion that the newly-repaired teeth are free from infection and not the cause of the disease.

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It must be borne in mind by both the dentist and physician, who entertain the idea that only radicals are in favor of extraction of dead teeth, that "one man's medicine is another man's poison." One man may put up with a dead tooth and another may die as a result of it.

The results of dental focal infection sometimes manifest themselves soon after a dead tooth has been filled and long before any local evidence of infection surrounding the tooth is revealed by the x-ray. Because this evidence is lacking, the tooth is often declared to be innocent, whereas from that very type of tooth the gravest results sometimes follow. .

I can point to one case of a patient being bed-ridden for seven years, beginning from a date six months after a devital lower left first molar was filled. Fortunately, no secondary foci developed, and three weeks after extraction the patient was up and around for the first time in years.

Another case dated from six months after two devital teeth were filled and where no local evidence of infection was shown by the x-ray. The patient had lost 35 pounds in weight and the eyesight was almost totally lost. Three days after extraction the

eyes began to improve and the patient began to gain weight, with an eventual complete recovery, and so on countless cases can be mentioned.

The important factor in considering dead teeth depends upon the diagnostician having an open mind, permitting him to have an impartial view. In that way only can he give an unbiased opinion to the patient.

Dentistry is progressing rapidly in its position as a great learned profession. The part the dentist plays is constantly being given greater acknowledgment.

There is a constant tendency toward co-operation between the medical and the dental professions, and it is to be hoped that this tendency will continue.

In order that this co-operation shall develop, a complete understanding must exist between the two professions, and this will result only when the professions work hand in hand. The first and most important step toward this end will be the establishment of dental interneships in all hospitals; a condition which will also permit the training of all nurses in oral hygienic procedures.

In the employment of the x-ray the medical and dental professions have a wonderful aid, and today its employment in dentistry is increasing. It is possible, however, to place too much reliance upon it, and many mistaken decisions are arrived at as a result.

It would be a serious state of affairs if the medical radiographer stated positively that a patient did not have any trouble with his appendix, simply because the x-ray did not show it. Just as much of a mistake can be made in dental cases. It is wrong to state positively that there is no infection because the x-ray does not show the evidence of it.

Dental infection shows up as of two classes, in radiographs:

First: Shown by local effect, dissolution of the surrounding bone and the tooth structure itself; a result of the presence of pus-forming bacteria.

Second: Where no local evidence is revealed, tooth form may appear to be unchanged and bony support unaffected.

This latter is frequently interpreted as meaning that no infection is present. It should be said instead that no local evidence of infection is shown.

X-ray does not give micro-

scopic evidence.

Practically all dead teeth, after extraction, when cultured, show a predomination of either streptococcus or staphylococcus.

I am of the opinion that in any case where a culture cannot be recovered from a dead tooth it is the result of faulty technic.

Dead teeth, which show abscesses in the x-ray, are infested with staphylococcus, a pus-producing germ which mostly produces its effect locally; whereas dead teeth which show possible slight resorption of the roots, but no apparent disturbance of the bone, will be found to produce a culture of some strain of streptococcus, a form of bacteria found in the majority of metastatic disease.

In answer to Doctor Mayo, it can be said that today the dental profession is equal to any task which it recognizes as its duty, and those who heard Doctor Black must realize that the miracle has been worked, inasmuch as today the personnel of the dental profession is equal to the task of working out its own problems.

Dentistry is alive to its duty;

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it is answering the call. Finally we must consider that the span of human life normally consists of a period of development and a period of decline. During the first stage we are often able to combat many infections and successfully overcome them. The same can be said during the second stage also, in many cases, but it is known that the process of repair is not so enthusiastic as in youth. As the patient passes forty it is wise to eliminate every burden which might impair immunity.





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A Dentist Abroad

Dr. John Jacob Posner, of New York City, has been doing some world traveling and sends these pictures to ORAL HY-GIENE.

One is a snapshot taken by Dr. Posner which he calls "A Couple of Dutch Cleansers." The lads are standing on the steps of the dental college of Utrecht, Holland, where Dr.

DeGroot is Dean. This is the only dental college in Holland. The lads have just come from the clinic and seem well pleased.

The dark dental display below is of three bootblacks encountred by Dr. Posner in Cairo, Egypt. "Seeing that they had xeellent teeth," he says, "I asked them to 'smile for the gentlemen' and for a few piastres. Here's the result."





HIS lively, big little magazine has a peculiar quality, felt rather than seen: it is as strong in its

appeal as it is democratic in its make-up. This accounts probably for the wide popularity it certainly enjoys with its readers, of which ample evidence is given by the free exchange of opinions continuously taking place within it.

Loath as I am to grasp an unfamiliar pen to stir up, perhaps, an acrimonious discussion, I've been trying for some time to muster the courage necessary to bring before you a subject probably far removed from the mind of the general practitioner.

But ORAL HYGIENE'S policy of progressive open-mindedness concerning the welfare of the profession, together with an editorial in the January number of Items of Interest prompts me to broach now the intriguing subject which I have in mind, in the hope that this may prove a help toward better understanding of the fundamental problem which, though only dimly perceptible to most of us, nevertheless confronts the profession right now and demands a cleancut, unequivocal solution within the next few years.

The editorial just mentioned, entitled "Mechanical Dentists and Dental Mechanics," deals with the "Education and Licensing of Dental Mechanics" and says, in its concluding statement: ". . . the writer believes that the day of the licensed dental mechanic, properly educated, is not far distant, and that

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By A. F. STAMM, Danapo

the dentists should co-operate The with the mechanics in thus dig degree nifying and bettering their license work." Whose work is to be length dignified and bettered, the edil added torial does not clearly say; nei study, ther does it mention, in its whole fession extent, what for dental me only to chanics, or prosthetists, or what-turn, w you-may-call-'em, shall be li than a censed; it leaves that to the from the reader to find out. One doesn't ing to s like to handle an unshelled egg On t—it's too risky; I understand the "ma dolence. that.

But there is enough sugges- of "leav tive material there to set a fel- about v low a-thinking.

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The situation we are con- missione fronted with is thus:

On one hand, dentistry strives these a for better recognition. It wants, only in after development onto a higher much re plane, its rightful place beside in the f medicine. Dentistry, as repre- going to sented by word of mouth and by highly the mighty pen of the elite of only de the profession, claims the organs of mastication with surrounding tissues as its exclusive field of operation and is, as I understand, willing to assume the responsibility for the prevention and the cure of diseases the origin of which can be traced or is supposed to be located in or around these organs, the cure, of course, only as far as it can be effected or affected by the removal of the causes, when the disease manifests itself in other parts of the body.

Ave Going?

M, Danapolis, Indiana

perate The curriculum leading to the is dig degree of D. D. S. and to the their license to practice has been to be lengthened, year of college e edi added to year of preliminary; nei study, until, presently, the prowholofession of dentistry seems open me only to the well-to-do who, in what turn, will expect to make more be li than a simple "good living" to the from the people whom he is goossi't ing to serve.

d egg On the other hand, there are stand the "masses," which, in their indolence, cling to the philosophy gges- of "leaving well enough alone," a fel- about whose health nobody but -perhaps-public health comcon- missioners and others duly appointed to do it, care a rap, and rives these authorities, of necessity, ants, only in a general way, without igher much regard for the individual. eside In the future, these "masses" are epre- going to depend upon the more d by highly educated dentist for the e of only dental service they can afgans ford and require: extractions ding and plates, with a sprinkling of

> I have been wondering what the effect of the longer period of education for the dentists will have upon the dentistry of the "masses." But this being of no import here, I'll skip a few thousand words and continue on my trail.

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In between "higher" dentistry and the "masses," we now have the prosthodontist coming. At present he is still lying in the

soil, under the surface, sprouting, trying lustily to push through the hard crust of established custom and prejudice. The seed flowered on the dental laboratory tree and in the laboratory schools; it was fertilized by the demand of some relative or friend that he make a set or two of plates, surreptitiously, at a price they could afford, and, perhaps after repeated failures, let us fondly believe, he discovered that he needed no college education to take an impression! He had found himself.

A let-up in the amount of work caused his dismissal from the laboratory, liberated him from his progenitor, let him fall onto the soil of self-reliance. His first effort of opening a laboratory of his own in some town with eight to ten dentists resulted in his eking out a very meager living, rather tolerated than beloved, because of his bills which he must collect to live, and to buy teeth and rubber with.

He had sunk a little below the surface, by this time; he worked long hours at odd times and put up, nevertheless, a cheerful front, for he felt that he could make plates for people as well as his patronizing customers could.

The hundreds or, perhaps, thousands of war veterans engaged in this precarious occupation feel now that they deserve some consideration and we might as well not befog our perception—they are going to get it. The sprout pushes upward toward the light, for recognition not as dental mechanic to work for a

dentist, but as prosthodontist, to work for the people, for the "masses," whose needs he'll be able to fulfill as well as you and I, after some appropriate training and, probably, licensing.

I feel the futility of believing in the superiority of a presentday D. D. S., or of the improved kind of the next generation, when it comes to making plates, over the pure-bred and educated "mechanical dentist" of the future, lest there should be a marked difference in favor of the former as to mental capacity and manual skill.

But most of my readers might not feel the way I do about this; all the better, for their mental balance will not be so easily disturbed by the gloomy prospect which the situation seems to

warrant.

Of course, the readjustment to the needs of the times will be slow. Just as when the first steamboat wound its noisy way up the Hudson River and as the first locomotive bumped along its wooden tracks, ostracism, obstructionism and ridicule will have their inning in trying to impede the progress of what is now called dentistry along rational lines.

In the end, dentistry, in its

higher aspects, will be a specialty of medicine, the D. D. S. an M. D. The whole mouth including tonsils, tongue, the vocal apparatus, might become the dentist's rightful field. Cardiac and other diseases supposedly caused by one or more of the numerous "foci" that haunt the modern practitioner in his sleep, will be as familiar to him as his - hip-flask - but no, these will be passe, by that time-and the highly educated dentist will be addressed as doctor by his medical confrère without the reluctance occasionally met with nowadays.

On the other hand, the "masses," adequately educated to the simple truths of prophylaxis, will wield a mighty toothbrush (it might be electrically driven, then, or from the fanbelt) and, while enjoying for long years the benefits of early the sta care, will find, in their old age, the adequately, but not pompously equipped prosthodontist profession prepared to do whatever "me- it get to chanical work" they might require to carry them laughingly over the hundred-year mark.

I am aware that I may have depende set a mark-an easy one, per- can be : haps-put up a target: Well, then-go to it-aim! SHOOT!

Editor ORAL HYGIENE:

I would greatly appreciate your giving me the following infor-

mation, which is of great importance to me:

Kindly give me the names of as many cities as you can where dental clinics have been established with full-time dentists in charge. Thank you. Very truly yours,

BETTY COLOMEN, D. D. S. Health Department, City Hall, Niagara Falls, N. Y.

Brady, syndica "Here' On," a comes i

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The Very Idea!

By JAMES E. BAILEY, D.D.S., Greenville, Ky.



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HIS is extracted from one of the so-called "Everyday Health Talks" pre-pared by William

Brady, M. D., for newspaper syndication. This one is entitled "Here's Something to Chew On," and the dental profession comes in for a dressing down:

Some wise guy-I wish I knew the who, for I'd like to read more of his stuff-said it is not enough to cated Ophy- tell people the plain truth. You tooth- must tell it again and again, and ically yet again, and by and by, if you don't tire of telling it, they'll begin to think maybe it is so.

g for First, there were the moon and early the stars and doctors, and long age, afterward dentists came, our children, and we are proud of them. The only trouble with the dental profession is that some members of it get to thinking they know about as much as the doctors do. That seems to be a fault of inheritance which many of our offspring show. Dentistry, however, is as nearly inhave dependent as a medical specialty per- can be from the parent field without becoming altogether estranged. It is well, therefore, to remind these skilled artisans or artists of their paternity and to offer them good counsel from time to time that they may not be led astray.

A little slogan or epigram devised, I believe, by a first-class ad man several years ago and taken over by the dentists, has had a soporific influence upon dental practice, particularly dental hygiene, and has inspired a great deal of misdirected or wasted effort, both labor and expense, in the popular

movement for the preservation of the teeth. The catchy saying that "a clean tooth never decays" may be pleasing enough in a Gilbert and Sullivan philosophy, but it is a silly idea for scientific people to fool with. Even common sense should indicate the absurdity of such an idea, for it is sad but certainly true that the cleanest teeth of the cleanest people are only too subject to dental caries, as every good dentist

Attaboy, Doc, give 'em the devil - that tooth cleaning crowd. The very idea of anybody using a toothbrush! The first thing we know some ignoramus will be calling for a clean fork to eat with. A man of your experience, Doc, can tell 'em about the absolute uselessness of a fork anyway.

Go after the clean fork idea before it gets a start on you like the toothbrush boys did. Tell 'em that old man Adam never used a clean fork or a toothbrush either and remind them of their paternal ties. And tell 'em that Cain and Abel didn't fall out over toothbrushes or a clean fork either, but don't keep anybody in the dark regarding the real cause of Cain and Abel's differences-jealousy regarding their paternal ties.

And if anybody doubts your knowledge on the subject just refer them to the word doctor as defined in Webster's.



New Jersey's Answer to "What of Your Old Age?"

By BERNARD FELDMAN, D.D.S., Newark, N. J.



O OTHER article which has appeared in ORAL HYGIENE for the last ten years has been so inspir-

ing to me as to influence me to

take up my pen.

What a tragedy is voiced in F. C. D.'s simple statement made towards the end of his article which appeared in the November 1925 issue, "After twenty-five years of preparing to start, I have started."

Started once again at the age

of fifty!

The same tragedy is being enacted in many, many dentists' lives throughout this broad land. But why repeat what F. C. D. has so vividly described?

Our time can be better spent in offering a solution to such dentists, who, like F. C. D., are interested in providing a sure income for their old age.

I, therefore, present for such readers' consideration, New Jersey's plan of "saving by mail." I sincerely feel it is the best plan for the 99 per cent of dentists who understand little or nothing of business investments.

The Jersey Plan is the systematic way, described by F. C. D. as the "good old-fashioned way of putting aside a certain amount each week." It is the

building and loan plan which New Jersey has made so popular because it provides every member the only real method of systematic saving, netting very profitable returns.

It is well known that banks and other financial institutions pay good dividends and are otherwise successful. The building and loan is such a banking organization, with this difference: that every member shares equally in its profits.

Any dentist anywhere can join a New Jersey building and loan and can avail himself of its unusual advantages by saving by mail once a month. All he needs to do is send his check regularly

by mail.

The building and loan is not a get-rich-quick scheme. It is a co-operative organization of members who make deposits at regular monthly intervals. This accumulated money is quickly loaned on the best security in the world, i. e., first mortgages on real estate not exceeding eighty per cent of the deposits, where the loan is secured by the deposit.

The building and loan is managed by business and professional men of the highest standing and reputation. They are men who have considerable experience in

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Expenses are kept at a minimum; no big rentals or salaries are draining the treasury of the building and loan; yet they are necessary in the ordinary banking institutions. But the building and loan is under the supervision of the Banking and Insurance Department of the State of New Jersey, the same as Savings Banks. Auditors are appointed by the members of the building and loan to audit its books and other records in order to insure absolute safety to all members' deposits. Besides, the State Examiners examine them carefully at regular intervals to insure absolute safety to all depositors.

It is, therefore, a very simple matter for any dentist, anywhere, to obtain \$5,000 surely in eight and one-half years by mailing \$35.00 regularly each month in our building and loan.

If he prefers to choose the thirteen and one-half year plan,

he will receive \$10,000.

This is \$8.50 a week. Surely, this amount is not too large to set aside for a savings fund, if the dentist has the determination and the will-power to see it through. While he is capable of earning money, he owes it to his family and to himself to provide for a home and its comforts in his later years.

The sum of \$35 a month is indeed small to such a man, for when it is deposited with the building and loan what a mighty power it becomes!

It is safe and sane. It's safe

because it is protected by the State of New Jersey; it is sane because our building and loans earn from 8 to 12 per cent each year.

It provides the savings fund which will anchor your ship safely through peaceful and stormy periods; it inculcates the spirit of thrift gradually and effectively within you, thereby eliminating the gambling urge to get rich quickly through some wild, foolish "investments."

It becomes the cornerstone of your financial independence.

How easy it is to find excuses for not saving if you have no definite scheme! It takes a lot of will-power to put away a certain amount every month-far more will-power than most of us dentists possess. We earn our money by the sweat of the brow, and dabble with that money in all sorts of get-rich-quick schemes which never materialize. We always patch things up with ourselves by thinking that if we spend all our money this month, we will deny ourselves something next month and so put away double the amount.

But this does not happen! The next month never comes, and we're constantly "broke."

All this changes when you join the building and loan. Gradually, even though you think you cannot learn to be systematic, you will find the habit of enforced and orderly saving growing upon you. Eventually, it becomes a fixed habit which you provide for as naturally as you do your rent, and other fixed expenses. But this is not an ex-

pense for your \$35 monthly eventually reaches the surprising figure of \$5,000 in about eight and one-half years or \$10,000

five years later.

This is made possible by the generous profits earned by this co-operative organization. And should you need money at any time, you will find it ready for you because you are entitled to borrow up to 90 per cent of your savings at 6 per cent interest, which may be repaid in whole or in part at any time. You are really banking your money at 8 to 12 per cent.

Lastly, our members are availing themselves of another very unusual advantage which should appeal to every dentist. They protect their savings against the contingency of death by having them covered by a life-insurance contract, issued by one of the leading life insurance companies. This feature is carried by paying only a few dollars more per month, the amount varying with the age of the member. This company is one of very few companies, to my knowledge, that will accept your contract on a monthly basis. This contract contains all the latest up-to-date features as to loan and cash surrender, also paid up and extended insurance. So that, in case of the member's untimely death, his life insurance contract matures immediately to his bereaved family and the mourners

receive, in addition, all moneys which he has paid in monthly savings in the building and loan. The life insurance contract is an ideal way for the dentist to provide an estate because the first small monthly premium immediately provides an adequate estate by putting the contract in force. It provides protection for his family in case of untimely death.

The building and loan provides the ideal investment for the dentist. The life insurance provides the necessary protection and the combination, provided on a monthly basis, becomes the ideal cornerstone upon which every dentist may start to build a sure and comfortable fortune.

Whereas it is to the members' advantage to take this combination plan (and members are the only ones privileged to get it), we are glad to receive members into our building and loan for its saving feature only. I can send further particulars in the form of a brochure to anyone interested. Address your letters to me at 325 Hawthorne Ave., Newark, N. J., giving the exact date of your birth, in order to enable me to send you exact figures-also, if combination plan outlined above is wanted, the status of your health, etc.

It will be indeed a pleasure and a privilege for me to assist all who are trying to find the answer to F. C. D.'s question, "What of Your Old Age?"



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A Dissenting Voice

By A. H. REYNOLDS, D.D.S., Philadelphia, Pa. Secretary, State Board of Dental Examiners, Commonwealth of Pennsylvania



N EDITORIAL in GIENE headed "What is Your Diploma Worth?"

treats the subject of dental license as if all legislation for the control of the practice of dentistry was created solely for the benefit of the dentist. You state

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The restrictive state laws in regards to practice were not made for the benefit of the people. They were made to keep you and me out, so that those already on the ground could be disturbed as little as possible by new men coming into their

If the above is true, all dental laws should be repealed, and every honest dentist should assist in having them repealed at once. er to Contact with examiners from various states for many years convinces the writer that the above is not true, and that examiners are as high-minded and have as noble ideals as does the average man.

By inference, at least, you accuse the examiners of not only being unfair, but a party to dishonest practices, and every other dentist being in dentistry for selfish motives only. Rather an arraignment of your own profession and charge against organized dentistry, which is responsible for the existing dental laws and the selection of the examiners, don't you think?

In your zeal for reciprocity you print many statements against the examiners, among which I noticed one from a rank advertiser, who has been convicted of practicing illegally, and more recently of bootlegging! Sure, it would be to the advantage of this fellow and his like to have reciprocity and roam from one state to another, as some of them now wander from one city to another. This, by the way, was done in the '90s, when one of this type of practitioner had offices in several cities along the Atlantic coast.

The Supreme Court of the United States decided some years ago that no one had any real rights in the practice of a profession, and that the state legislatures had the power to prescribe the rules and regulations under which one could practice the profession.

There is not the slightest excuse for a law regulating the practice of dentistry for the benefit of the dentist, yet every writer complains of the injustice to the dentist. What about injustice to the public? The protection of the public, not the dentist, is the purpose of the law.

Again, you want to extend the right to practice to foreign dentists, while our own graduates are not recognized abroad. Even in Canada an applicant must take a year in a Canadian school before being eligible to take their examinations.

The Dental Act of this State permits the Board to give an oral and practical examination after ten years of practice. Almost without exception, however, the applicants object to the practical examination more than to the oral. This is not surprising to those familiar with examinations, as eighty per cent of the applicants with ten years' experience do not do as good practical work as does the recent graduate.

Our Board, like nearly every other board, is desirous of granting certificates to good men, but their duty to the public, which is the reason for the Boards' existence, compels the boards to draw the line when the unprepared and unsuccessful men apply. Many of these men have less knowledge than they had at the time of their graduation, do not belong to a dental society, are not subscribers to a dental magazine, and have been busily engaged in getting all they could from dentistry and putting nothing back.

Your idea of the formation of a National Board of Dental Examiners to compel the State Boards to maintain certain standards, etc., ignores entirely the question of one state being able to progress more rapidly than others, and would compel all states to move as slowly as the slowest.

This was not the thought of those interested when the idea was first presented by the writer in his president's address before the National Association of Dental Examiners in New York in 1917. The plan proposed was an advisory board whose certificate would be accepted by the various state boards.

Instead of advocating reciprocity for the benefit of the few—the dentists—why not advocate a real plan that would benefit the many—an examination every five years?

Give an examination before a national board, which would be acceptable in all the states, and then compel every dentist to be re-examined every five years while engaged in the practice of his profession.

This plan would benefit the dentist, advance the work and standing of the profession, and benefit the public, in that it would require every dentist to either keep up with the advancement of dentistry or retire from practice.



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Playing Santa Claus Without a Beard

By A CREDIT MAN



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OR obvious reasons, I prefer to remain nameless. And being rather a kindly old soul, in spite of

my calling, I'm not even going to tell the name of the city in

which I live.

About twenty years ago, I took a position in the office of a dealer in dental supplies. For the preceding three years I had held down a desk in the credit department of a large retail store whose dealings were with the general public. And brother, I'm here to tell you that I've learned a lot about dentists and dentistry in the past score of years.

Listening to hard luck stories

is as much a part of my job as swatting the big red "c. o. d." stamp on some trustful dentist's order for his weekly requirements of burs, broaches and cements. I am not immune to a good, well-told and apparently honest tale of

woe, but I hear so many that are fabricated solely for the purpose of diverting funds to channels other than the one that I seek to control that a story must be a good one to get by. Understand, I am always more than willing to meet far more than half way, the poor but honest chap who has really experienced a siege of hard luck, but, as I have said, so many samples of dental economic fiction come to me that I cannot help be a bit skeptical.

Just the other day I had a letter from a young dentist in a little town whose bank had just closed its doors. I happened to know that the man had never had his money, if any, in that

bank, but had done his banking through a bank in which his father was interested, located in the next village.

This particular dentist's account with us was in bad shape; he was several payments behind on his office equipment, and



A kindly old soul in spite of my calling.

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his open account had reached a very sizable amount. A day or two after that bank shut its doors, I received a sorrowful letter from that young dentist, telling me that every cent he had was tied up in the defunct bank. I happened to know an attorney in that same town, so I wrote him and asked him to see if he could tell me whether or not the dentist really had an account there, and learned that he had not. Later I learned that he had bought a new car, and had made a down payment on it of more than the amount he owed us.

At the weekly meetings of the retail credit men's association to which I belong, dentists' names are reported oftener than are members of any other profession or trade, with the possible ex-

ception of physicians'.

Every week, it seems, some dentist is buying something that he cannot afford, and he is being discussed as a bad credit risk.

I have never understood how the dental colleges feel that they can afford to graduate men trained in a profession at which they hope to make their living, but utterly ignorant of how that living is to be made. I mean by that, they may be able to bake the best porcelain jacket crown that ever came out of a furnace, but what's the good of that if they do not know what to charge for it, or how to collect for it after they have made the charge?

It is pitiful to me, to see some of the older dentists come into our store, buy some little thing or other, and then fish a few

coins out of a worn purse to pay for their purchase because they cannot have it charged. I know absolutely that there are a good many dentists who are earning less than I pay some of the bookkeepers in my office. After spending years acquiring a means of earning a livelihood, they are unable to earn it.

Now I am as firm a believer in ethics as anyone, but why in the name of the sun, moon and all the little stars would it be unethical for a dental college to try and show its students how to make a decent living out of the thing they are spending their time and money to learn?

I'll venture the assertion that not one dentist in a hundred has the least idea regarding his overhead expense. I'll go further than that. I'll bet most of them do not even know what overhead expense means. They go along from day to day, doing the best dentistry they know how to do, and they hope and pray that at the end of the month they will have money enough to pay their bills so that they can go ahead the next month and do it all over again.

Why are most dentists ashamed to send out regular statements to their patients? Why are they afraid to try to collect the money that is due them? That cannot be ethics, can it? Call it ignorance. Ignorance of the first principle of business. If a debtor does not get a bill, isn't he pretty apt to think (and hope) that you have forgotten that he owes you anything? How many of the ac-

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to ve iyicWe must remember that human nature is human nature, whether we are discussing bricklayers or sculptors, and that you and your patients are all working under that same handicap, is Mark Twain called humanmature.

Of course there are businesslike practices owned by prominent, successful and ethical denists. I rather imagine that
Doctor Kells, of New Orleans
is that type. And there are hundreds of lesser practitioners who
are equally successful in a
smaller way and, they too are
ethical.

It strikes me that the word ethics is rather misapplied, to a certain extent, in dentistry and medicine both. It seems to have acquired a meaning rather foreign to its real sense. Dentists seem to think that it means practicing dentistry without advertising. But in its old, original meaning ethics meant simply following that course of conduct that would result in the greatest good. And that means "good" to the man following his code of ethics as well as to the people he works on.

What remedy can be suggested for improving the status of the dentist as a credit risk? Is there a magic formula that will give him an A-1 rating overnight? There is not!

But he can make a good busi-

ness man of himself and he can do it without sacrificing one little speck of his professional reputation, ethics or anything else. If he is in debt up to his ears, he should go and see every one of the people he owes, and tell them just what shape his finances are in. They will all be more than willing to help him get on his feet. In fact he may be able to get some valuable ideas on collections and credits from them.

Then he should start out collecting the bad accounts he has on his books. He may find it necessary to employ a collection agency to help him, but they must be collected. You know, any kind of dentist can do all the dentistry he wants to, if he doesn't collect for it.

There are thousands of patients who are waiting for free dentistry, and when it is rumored about that a certain dentist is easy-going on his collections, he's likely to find himself swamped with what he may consider "business." But if he does not get his money for what he does, he's just playing Santa Claus without a beard, that's all.

Keep a set of books, mail out statements, and collect what is due you, and your relations with all of us who write "O. K." on your orders will be as pleasant as with the transient patient who says, "All right doctor, go ahead. Here is a payment on the work, and I'll pay you the rest next visit."





King Hi-Gene and Queen Health, rulers of the Court of Gold Medal, seated on their thrones, surrounded by Pages and Fairies.

The Court of Gold Medal

By F. DENTON WHITE, D.D.S., Minneapolis, Minn., Chairman, Oral Hygiene Committee, Minnesota State Dental Association



EALIZING the need of educating the public and more especially the children in mouth

health, and also realizing the great possibilities of the radio, the Court of Gold Medal was organized in December 1924, by the management of the Gold Medal Station, WCCO and the Minneapolis and St. Paul District Dental Societies.

The Court of Gold Medal is a radio Children's Health Club and has its meetings every Friday afternoon from five-thirty to six o'clock over the air. This club has over twenty thousand members at the present time. These members are children who live in different sections of the Northwest, including Canada, and we also have many members who live in the Southern States. Adults are permitted to join

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and we are especially desirous of having school teachers as members. Many times when teachers join they see what a wonderful thing it is for the children and will not only ask the children to become members, but will encourage them to live up to the rules and see that they advance to the other stages of membership. We want everyone to join who is interested in mouth health and also those who want to improve their own general health, as well as the condition of their teeth, by living up to the rules and regulations of the Court.

To join the Court of Gold Medal, it is only necessary for one to write to King Hi-Gene or Queen Health care of Gold Medal Radio Station, Nicollet Hotel, Minneapolis, Minn., and express his desire to become a member of the Court of Gold Medal, and promise to brush his teeth every day and sleep with windows open. This step gives him the rank of "Subject." When the member has mastered these rules, and the parents write to King Hi-Gene and state that the child has mastered the rules and wishes to advance, the child may become a page or maiden as the case may be.

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We have had three stages of membership up to September 1st of last year. Each stage has its rules and regulations. The following are the various stages and requirements for each stage:

RULES AND REGULATIONS OF THE COURT OF GOLD MEDAL

which is governed by

KING HI-GENE AND QUEEN HEALTH

- A SUBJECT of the Court of Gold Medal is pledged to Brush the teeth every day. Sleep with window open.
- A PAGE or MAIDEN of the Court of Gold Medal is pledged to Visit a dentist at least every six

months to keep the toothache away.

Drink plenty of milk.

Drink prenty of mink.

Drink water often during the day.

Chew food slowly and thoroughly.

Be polite.

A KNIGHT or LADY of the Court of Gold Medal is pledged to

Do a good deed every day. Eat at regular times.

Eat candy only after meals—
never before.

Be careful of personal appear-

Be careful of personal appearance:

Hair well brushed and clean; Face, neck, ears and eyes well cared for;

Hands washed and nails cleaned before meals and at bedtime;

Clothes and shoes neat and

Carry a clean handkerchief always, to be used when sneezing or coughing.

HOW TO BECOME A SUBJECT

Any child is eligible to become a SUBJECT of the Court of Gold Medal upon agreeing to observe the rules of a SUBJECT. (See SUBJECT.)

HOW TO BECOME A PAGE OR MAIDEN

If the subject observes these rules and agrees to live up to the rules required to become a PAGE or MAIDEN, the subject will so advise King Hi-Gene, and the par-

ent or parents of the subject must also notify the King that the subject has lived up to the rules. As soon as the King is so notified he will send to the boy subject a seal stating that the boy is now a PAGE, and if the subject is a girl he will send a seal showing that the girl has become a MAIDEN of the Court. The PAGE or MAIDEN will then attach the seal to the original certificates, (See PAGE or MAIDEN.)

HOW TO BECOME A KNIGHT OR LADY

If the Page or Maiden lives up to the rules and his or her parents so advise the King, there will then be sent a seal of KNIGHT or LADY, if the Page or Maiden agrees to live up to the rules laid down for these positions of trust and honor. The KNIGHT or LADY will then attach the seal to the original certificate. (See KNIGHT or LADY.)

NOTE: The attached certificate should be carefully kept so that as the SUBJECT deserves to be honored, the seals described above may be affixed to this certificate. All communications should be addressed to King Hi-Gene, Gold Medal Station, WCCO, St. Paul-Minneapolis, (Post Office address) Nicollet Hotel, Minneapolis, Minnesota. DEAR

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This year we have added a fourth stage which is that of COUNT and COUNTESS and the requirements for this state are that the Knight or Lady must have ten of his little friends join the Court of Gold Medal. Each person who joins the club is given a membership certificate with one seal on it.

As the child advances, a seal is given which shows that the child has advanced to the stage of Page or Maiden, Knight or Lady, etc. When the membership certificate or seals are sent to the members, a letter is also sent by King Hi-Gene or Queen Health which explains more fully what is expected of them as members:



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King Hi-Gene is sending a Certificate with your name on it (I hope it is spelled right), showing that you are a Subject of the Court of GOLD MEDAL. The King is busy, so I am sending a letter in the same envelope to tell you we are elad that you are a Subject.

When you have brushed your teeth every day and slept with your window epen every night long enough so that you like to do it and how that you will do it, try for the next advance—be a MAIDEN.

The Certificate tells you all about the rules for MAIDENS. When you have proven that you can satisfy the rules of this step, have your father or mother tell us that you have been a good Subject and are ready to be a MAIDEN, and either the King or I will send you a Gold Seal that you can put on your Certificate next to the one that is already there.

Of course, you won't be satisfied with this. You will want to be a LADY-IN-WAITING, and this is a serious step. You will have to work hard, and when you have followed these rules for the third step in advance so that your father and mother will be proud to tell us of your work, we will send you a LADY-IN-WAITING Seal that you can attach to the Certificate with the two that you already have there.

All the rules are on the slip that is fastened to the Certificate, and we want you to read them and remember them, for every one is good and every regulation is a good regulation. So many are becoming Subjects of the Court of GOLD MEDAL that we may summon you some time, so be ready to come and do your share in having a good time by making others have a good time. Affectionately yours.

(Signed) QUEEN HEALTH.

. The following is a letter that is sent the Page or Maiden seal.

DEAR ROBERT:

King Hi-Gene tells me that you

have lived up to your pledge as a Subject of the Court of GOLD MEDAL and that you now feel that you can take the next step—that of becoming a Page. These rules are a bit harder to follow at the start, but I know that if you will try hard that you will soon be following them without realizing it. Here they are:

Visit a dentist at least every six months to keep the toothache away.

Drink plenty of milk,

Drink water often during the day.

Chew food slowly and thoroughly.

Be polite.

King Hi-Gene and I are so sure that you will follow the rules that we are enclosing a Page Seal for you to attach to the Certificate that I sent you when you first became a Subject of the Court of GOLD.

Of course you know that there is still another seal waiting for you when you feel that you can take the pledge of a KNIGHT, but I think it would be an awfully good thing to go a little slow in taking that pledge. The surest way to become a KNIGHT is to be a really good PAGE, and I know that you will be.

The Court of GOLD MEDAL is growing very fast, and we now have thousands of Subjects. Haven't you some boy or girl friends who would like to be Subjects also? Tell them to write to either King Hi-Gene or to me. We want them with us. Affectionately yours,

(Signed) QUEEN HEALTH.

We have found that the children are very fond of these membership certificates and many of them have had them framed while others have taken them to school where they have hung them in a conspicuous place in the school room so that the other children could see them and in that way the others

who are not members become interested. Many times an entire school room will join as a

result of this.

The rulers of the Court of Gold Medal are King Hi-Gene and Queen Health. At the time the Court was organized, the children were allowed to select the name of the King and Queen. Many different names were suggested but King Hi-Gene and Queen Health seemed to be the most popular. By having such names for the rulers of the Court we are able to keep all personalities out. Mrs. Stella Williams, who attends to the arranging of programs and the broadcasting, etc., is announced as the Counsellor of the Court and not as Mrs. Stella Williams.

We have received many letters from parents expressing their appreciation of the work we are doing and many of them add that King Hi-Gene and Queen Health are very real to the children. One fond mother added a postscript to her letter as follows, "I can't refrain from adding that your plan is solving all tasks, for King Hi-Gene is very real. Thank you."

Below, are two letters which were received from another

mother:

Wells, Minn., Mar. 10, 1925. Court of Gold Medal, WCCO, Minneapolis, Minn.

DEAR QUEEN HEALTH:

Cornelia Caldwell has been a faithful subject of the Court of Gold Medal for many weeks and has worked on the rules for a maiden until she thinks she is able to be one. She has been living up to all the requirements for a

maiden. And now, if you approve, she would be so pleased if you would make her a maiden.

How she does love her certificate! Her father says it means more to her than any other one she'll ever get, including college diploma and

marriage license.

I think your children's hour a very fine contribution to the children of the Northwest. Cornelia is a little farm girl with few playmates, except her sister, three years younger - and she welcomes the hour of 5:30 every afternoon. She says Friday is the most important day of the week and the numbers 5 and 6 are the most important on the clock. Yours truly,

(Signed) Mrs. L. M. CALDWELL,

Wells, Minn., June 8, 1925,

Queen Health, Court of Gold Medal, WCCO, Minneapolis, Minn. MY DEAR MISS DIRECTOR:

Our little Cornelia Caldwell has faithfully lived up to the rules of a Lady-in-Waiting of the Court of Gold Medal and wishes to have the honor conferred upon her if it is the

pleasure of the Queen. She takes it very seriously and is an unusually faithful subject of the Court. The rules mean a great deal to her and she carries them

all out.

I am impressed that this has all been thought out carefully and is splendid training for the little children of the Northwest. I know it is for mine, and I appreciate it as much as my little five-year old Cornelia enjoys it.

Yours sincerely, (Signed) Mrs. L. M. CALDWELL.

And here is a letter from a boy twelve years old which explains itself:

2214 California St., N. E., Minneapolis, Minn., May 27, 1925. DEAR KING HI-GENE:

I wish to join the Court of Gold Medal. I heard many good stories of healt today. to have milk, ea window three ti 9 o'cloc the Co promise things.

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of health. My sister got her answer today. Boy! I think it sure is great to have a seal like that. I drink milk, eat the right food, sleep with windows wide open, brush my teeth three times a day and go to bed at 9 o'clock P. M. Please, may I join the Court of Gold Medal? I'll promise to keep on doing the right things. I am 12 years of age.

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Yours truly, (Signed) STAN. YUREK. (Rose Yurek's brother.) We have received thousands of letters and all of them are very interesting and they all show how eager the children are to become members and how willing they are to live up to the rules of the Court.

(To be concluded in next issue)

A Dental Record

There is an increasing tendency for professional men to enter community affairs, but perhaps no other small community in the country can boast of as many dentists actively engaged in community work than Crookston, Minnesota—a little city of 7,000 inhabitants.

The President of the Association of Public Affairs is O. E. Locken, M. D.; President of the Kiwanis Club is T. L. Stickney, D. D. S.; the Rotary Club President is Tom Spence, D. D. S.; the Exalted Ruler of the Elks is C. D. Mitchell, D. D. S.; and the President of the Isaac Walton League is Paul Hagen, D. D. S.

Luck?

Hell's bells! Daddy Kells,
'Taint in the canal the infection dwells,
But in the periapical cells.
Lots of bad teeth have no smells.
The sick can't stand as much as the wells—

But now I've run out of rhymes (not being a real pote) so will drop into prose and remark that the lady who kept those septic-antiseptic teeth so long used up an awful lot of luck.

It's a "powerful strain on the judgment" to decide whether to extract a diseased tooth, but the polemics of Kells on one side and "Pepys" on the other merely offset each other and aid us not a whit toward a decision.

JOSEPH L. BARBER, A. B., D. M. D.

Portland, Ore.

Independence Hall





F THERE is any American holy of holies, this is the spot. Here not only was a new and great government born, but a new doctrine of freedom was proclaimed. In this building, Washington

was given command of the Continental Army. In this building Jefferson read his Declaration, with

John Hancock presiding.

Through its corridors rang the notes of the Liberty Bell at the conclusion of the reading of the Declaration. It was here that Franklin grimly remarked: "We must hang together, or we shall hang separately." It was here that our fathers pledged to the cause of liberty "their lives, their fortunes and their sacred honor."

From this hall the American idea of liberty proceeded. Here the Constitution of the United States was framed. It was here that Washington was inaugurated President of the United States for his second term. The Hall has been carefully preserved; it contains the original furniture and the portraits of many of the signers.

This is the third of a series written for ORAL HY-GIENE by George B. Hynson to acquaint the dental profession with Philadelphia, where the International Dental Congress will take place in August. By JOS D.D.S

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WHY Is It?

By JOSEPH C. MILLER, D.D.S., Wellington, Kan.

S I TAKE my pen in hand, I am wondering why is it that in almost every publication that you

pick up there is some "joke" or cartoon about the dentist inflicting pain and suffering upon some unfortunate individual? Is it the dentist's fault that the patients wait to have their teeth fixed until the pain can be endured no longer, thus making painless dentistry impossible? Is the dentist responsible for the neglect of an individual's teeth -and the ensuing decay-and the ultimate result, pain either in restorative work or in the elimination of the teeth by extraction?

Are the dentists such a bad

In a social and political point of view the dentist is looked upon as a good citizen. If you want someone to go hunting, fishing or golfing with you, you ask your dentist and you can bet that he will find time to go and furthermore that he will bring home the bacon.

Is it his murderous attitude towards his patients, or his ability for finding cavities that makes him a good hunter, fisherman or golfer? Does he get the same sensation in striking the nerve in a patient's tooth, as he does when a fish strikes his line? Is there any comparison in killing the nerve in a patient's tooth and the killing of game?

Does the dentist's golf ball find the cup on the green as do his instruments in exploring for cavities in teeth? It may be said that a dentist outside his office is a fine fellow but in his office he is likened unto a king or monarch, inflicting suffering and punishment upon his subjects.

I have heard it said that a dental office is a temple of pain—and yet, when we get a jumping toothache that will not let us eat, sleep or be merry, do we not call the dentist from his slumbers, meals or amusements and head right straight for that "temple of pain"?

Do we go there for comfort or solace from fellow-sufferers, or do we seek relief from pain?

The patient while in a dental chair is constantly in fear of being hurt and so it is that the dentist must explain in almost every procedure that "it will not hurt" or "this will hurt a little," etc. How often have you heard those expressions? Must not a dentist tell a patient that, in order to get his or her sanction to go ahead and do what is best for the patient? Is it not in stressing this point and endeavoring to do what is absolutely necessary for the patient, that a

dentist often is accused unjustly of telling an untruth or being unfair with the patient?

Then why is it that a dentist will risk his reputation or disregard his biblical teaching in order that he may ward off the inevitable pain and suffering caused by neglect?

I have never, as yet, seen or

heard of an individual who looked forward to a visit with the dentist professionally, with any degree of pleasure or amusement—and again I ask, "Why is it?"

Are the dentists of today such a bad lot, or is the fear of the dentist of yesterday still terrorizing the patients of modern

dentists?

Wooden Teeth for Red Men

Examination of an Indiana skull, found near Conesus Lake, 30 miles south of Rochester, N. Y., has revealed to antiquarians that the Indian braves of a century or more ago practiced rude but effective dentistry, without worrying about dentists' bills. Several teeth were missing from the crumbling jaws of the skull, and their places had been taken by wooden pegs, whittled from hard wood and wedged into the empty sockets, says a correspondent of the New York World.

Inquiry among old settlers has brought to light the fact that within comparatively recent times wooden incisors and canine teeth enabled venerable Indians to enjoy their solid food. The last of the chieftains that went equipped with the artificial teeth was John Miller, who in the eighties was a familiar figure throughout western New York. Miller lived on the Tonawanda Reservation, but used to make regular and frequent begging trips. He said he was 110 years old, and looked it, according to those who remember him.

John had lost all the front teeth from his lower jaw, and had replaced them with sharpened, stout pegs whittled from oak knots. The pegs were firmly wedged into the jaw bone and apparently caused him no discomfort. They seemed to be stout eonugh for all ordinary purposes. John never refused any kind of food that was effered him. He could, of course, gulp cornmeal mush with speed and comfort, but he could masticate cold beef with ease. He disdained the use of knife and fork, preferring to hold the chunk of meat in his hands and chew off mouthfuls in the good old primitive fashion, tearing the tough morsels from the bone with his natural upper teeth and their wooden companions below.

Occasionally one of the wooden grinders would splinter under the strain, and the wrinkled brave would promptly produce a chunk of oak knot, whittle out a crude semblance of a tooth, polish it on a convenient stone, and tranquilly insert it in the place made vacant by its wooden predecessor. For years John Miller employed his oaken teeth, refusing the offer of a country dentist who would have made him a plate free of charge. and ou life tha Den easy w

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The Dentist's Dollar'

By BARTLETT ROBINSON, D.D.S., New York, N.Y.



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ATURALLY, we from practice some day. We hope that when that day

comes we will have enough money to take care of ourselves and our families for the years of life that remain to us.

Dentistry is by no means an easy way of making a living. Every dollar the dentist earns he earns by hard, painstaking work.

He must use not only his hands, but his head, and the brain with which he is endowed, if he ever expects to acquire a competence.

The average dentist's commercial contacts are very, very limited. He keeps a checking account at his bank, he has his charge accounts with the different merchants, and that's about as far as he goes.

If he is conducting his practice along sound businesslike lines, he is, of course, taking in more money than he is spending, and at the end of the year he has a surplus.

Now this surplus, properly invested, and increased from time to time, can eventually provide the means of allowing the dentist to retire when he reaches the age at which he can no longer practice.

*Hettinger's Dental News.

But what does the average dentist know about investing his money? Is he able to pick sound investments? Unfortunately, in a great many cases, he does not.

Due to his rather limited business experience, and his lack of contact with the commercial world, the dentist, along with the M. D., is rated as one of the fake promoter's best prospects. All of us have read, in the newspapers, of this man and that one, who have grown rich overnight as a result of a fortunate oil strike, real estate boom, or some other equally fortunate event. But the papers very seldom publish a word about the thousands of people who have lost all their savings in ventures by which they hoped to attain financial independence.

The dentist and doctor seem to be the special targets of many a "get-rich-quick" promoter.

The propositions they are asked to "bite" on range all the way from gold mines and oil wells to so-called co-operative dental companies.

When the dentist has money to invest, the man with whom he should talk it over is his banker. Money is the commodity in which the banker deals and naturally he is familiar with it.

Editorials

REA PROCTOR McGEE, D.D.S., M.D., Editor Publication Office: Pittsburgh, Pennsylvania

Gum Arabic



NE of the most remarkable characters that developed in the recent War was that of Colonel Lawrence of the Arabian De-

partment of the British Army.

Lawrence was an Oxford man who had specialized in the history and languages of the Orient, paying particular attention to the Arabic.

In appearance he was anything but a soldier, yet like millions of other patriotic Englishmen, he enlisted for the War. He was commissioned captain and sent to Cairo, Egypt. At this post he was not a huge success because his scholastic habits made him a severe critic of the translations both to and from the English and Arabic languages.

Eventually he applied for a leave of absence to visit Arabia and it was given with a great deal of relief and I am not at all sure but that there was some hope that he might remain there.

In any event he went over to Arabia and on his own hook looked over the situation to see what could be done in the way of a successful revolution against Turkey, which at that time held Arabia as a vassal state. He looked over the various leaders and found that each leader was totally independent of the others and that intertribal warfare was constant.

He found that Feisal the son of the Shereef of Mecca, was the most likely leader to combine a considerable number of the warring tribes and so Lawrence

attached himself to Feisal.

Lawrence was totally without aid or assistance from the British government at this time, simply having the consent to investigate. He very carefully made himself familiar with the local situation and strange to say made himself popular with the Arabs, so popular in fact that his word became practically law among them.

His ability won for him enthusiastic British support and the rank of Colonel.

Col. Lawrence had a very intense sense of personal responsibility to the Arabs, which was greatly appreciated by them.

He developed a considerable amount of military strategy and seemed to have an unerring insight into the Arab character. His attacks were more or less dilatory but when he made an attack on the Turks,

the world soon heard about it.

All of this preamble may seem strange in a dental magazine. The question is how does dentistry connect up with Arabic tribes in the desert in revolt against Turkey in close co-operation with the representa-

tives of the British Empire?

These people were very suspicious of outsiders and had even one company of British soldiers landed on Arab soil, these tribes would have turned to fight the invader. It was impossible for them to realize that a foreign nation would come to help them. Consequently Lawrence worked alone and at the time things looked the darkest for the revolution, complete dependence of Feisal's cause was laid upon the loyalty of two leaders.

One of these was the Shereef Auda, who was a terrible and ruthless old man, given to uncontrollable impulses and passions, yet jolly and lovable. He was a responsible leader and capable of a certain grim humor and great loyalty if things

were just right.

An article on Lawrence in the Atlantic Monthly for March, says of Auda:

His coming in to Feisal was a turning-point in the campaign. Lawrence describes how, when they were dining together that night, Auda scrambled to his feet and flung out of the tent with a loud "God forbid!" They went out to see what was amiss and found him bent over a great rock pounding his false teeth to fragments with a stone. "I had forgotten," he said. "Jemal Pasha had these made for me. I was eating my Lord's (Feisal's) bread with Turkish teeth." Poor old Auda went about half-nourished after this, until we had taken Akaba, when Sir Reginald Wingate sent him a dentist to make him an Allied set.

During this period the old chief Auda, in order to make himself understood, had to talk "gum" Arabic entirely and had any objection been made to his breaking up the Turkish set of teeth, this chief would have deserted and joined the enemy.

So you see that even the prosthodontist is a great factor in the change of maps in war and it might be a good idea in case of another war for the United States, that those who are not loyal have their artificial teeth removed and be put on a soft diet.

Candy Easter Eggs

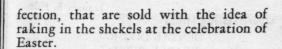


HRISTMAS has degenerated in this country into a hysterical effort on the part of department stores to get the people to buy useless truck to give away and on the part of the various and sundry charitable and near-charitable organizations to capitalize the liberal sentiment of the season into donations for their various objectives.

It seems that the fear that the machinery for commercializing Christmas spirit might deteriorate if not used more often, is responsible for the fact that the Easter season is now being exploited in much the same manner; particularly in regard to the selling of goods made up in the shape of eggs and other alluring designs, made in such a way that the eggs will weigh from a couple of ounces to five pounds. A child will eat an inordinate amount of sugar, nuts and other truck rather than throw away the remnant when the egg has once been broken.

The consequence is that both teeth and digestion are injured by the wholesale consumption of sugar at the Easter season and the good work of the previous year is undone. Evidently, we must have a lot of unnecessary sickness in order that the candy manufacturers may pay their income taxes.

Those who are interested in the hygiene of the mouth would do well to protest vigorously against the making and distribution of these huge lumps of con-



Deeds Not Words



NE of the most advanced dental divisions in the health department of any state in the Union is that conducted by Dr. C. J.

Hollister for the Department of Health for the state of Pennsylvania at Harrisburg,

Dr. Hollister very kindly allowed me to have a copy of his annual division report for 1926. In few words here's a year's work. It is far more convincing than reams of detailed description would be.

Just look it over and see what one capable and active dental official with a few hygienists as well as a dental ambulance can do in one year.

The work as done by Dr. Hollister is carefully systematized and every move means something accomplished.

Dr. Hollister and the Pennsylvania State Board of Health are both to be congratulated. Here is the report:



MEMO. DOCTOR MINER:

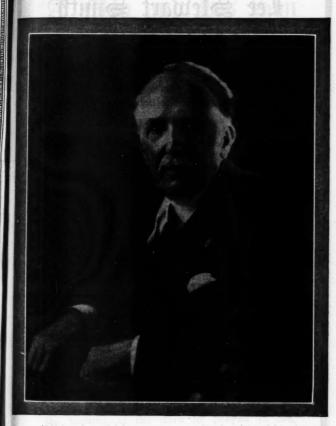
DENTAL DIVISION YEARLY REPORT 1926

Miles traveled — 18,197
Speeches made — 154
People addressed — 27,753
Towns visited — 130
Demonstration given by Dental
Hygienist in 33 towns
Dental Hygienists installed this
year — 33 in 25 towns
Broadcast over Radio — 3 times

Coming!

The Oral Hygiene Cup The Old-Timers Series Samuel Pepys, Jr., D.D.S.

Lee S



Lee Stewart Smith, President of Lee S. Smith & Son Co. and Lee S. Smith & Son Manufacturing Co., who passed away April 6th.

Lee Stewart Smith 1844 = 1926

WHAT a dentist can do outside of dentistry has been well shown by the multiple activities of the late beloved Lee Stewart Smith.

Before the Civil War he qualified as a dentist. He joined a Pennsylvania regiment and fought through the great war between the States. He helped to organize the Pennsylvania militia after the war.

The dental supply business of Lee S. Smith & Son Company was organized and developed by him.

He founded the American Dental Trade Association.

Mr. Smith was a world traveler. He was the author of two interesting books on travel. He was a great Knight Templar and rose to the head of the organization in the United States. He served as President of the Pittsburgh Chamber of Commerce, as a member of the Board of Control of the West Penn Hospital. He was in every way a great citizen and a successful business man.

His proudest thought was that he was the father of the late W. Linford Smith, founder of "Oral Hygiene" and partner in his father's business.

After the death a year ago of his only child, Linford, Mr. Lee Smith gradually relinquished his hold on life and passed away peacefully to join his loved ones.

-Rea Proctor McGee, D. D. S., M. D.

A Man and His Son

By MERWIN B. MASSOL

THERE was a man who loved his son more than life itself.

Death entered one night and in the morning the son was gone.

None could forget the grief in the father's eyes nor ever lose the memory of his brave agony.

And then he lived in precious recollection. The little things the son had said, acts of devotion, bloomed like flowers in the garden of the father's mind.

In the old happy days there had been thought of a far time when life for both would end. Father and son had planned the building of a tomb.

The son dead, the father, left alone, took up the task.

"This," he said, "is my last work. When it is finished I shall die."

Stone upon stone the memorial structure grew, and, one day, was done. The father's desire to live that day vanished. He dropped his hands and yielded himself to God's will.

Then there was just waiting-waiting.

Perhaps in the stillness of the night as he lay looking at the dark he prayed to die, whispered prayer with trembling lips, pled with God to send the Great Angel to lead him to his son.

And God heard.

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He may print it-but he won't send it back.

The foreman looked him up and down. "Are you a mechanic?" he asked.

"No, sorr. Oi'm a McCarthy."

Mrs. Smith: "Gracious, Mary! Why are you trying to feed birdseed to the cat? I told you to feed the canary."
MAID: "Well, there's where the

canary is, mum."

MOTHER: "Billy, why are you making your little brother cry?"

BILLY: "I'm not. He's dug a hole and he's crying because he can't bring it into the house."

"Here's ten dollars for you, sir, and we hope you don't catch a cold from getting up last night to marry us."

"Oh, that's all right, mister. Ye see, I ain't Justice of the Peace any

more."

CAPTAIN: "Take this gun and

PRIVATE: "Where's the watch?"

"I hear, Willie, that your father has received an offer of several thousand more salary from a city pulpit. Will he accept the call?"
"Well, dad's in his study praying

for light, but mother's packing.

GOLFBUG: "How did you like that golf game?"

LADY GOLFER: "All right, but I couldn't do much with that club they call the 'brassiere.'"

"Howdy, Jake!" said the farm hand. "Why ain't you been comin' to the weekly dances down to the village?"

"Dances?" said Jake. "Heck, I could never learn to dance."

"Sure you could. It's easy. All ye got to do is to keep turnin' round and wipin' your feet."

"Who was that lady I saw you with last night?"

"That was no lady. That was my brother in his new oxford bags."

"It was awful! Twenty-seven Slovaks and one Irishman were killed in the wreck."

"Indade!" said Mrs. Grogan. "The poor man!"

TOBACCONIST (to new boy): "I'm starting you in at five dollars a week, but you'll get more as soon as you know the ropes."

THE WIFE: "Does this new novel end happily?"

HENRY: "It doesn't say; it only says they married."